

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met his burden of proof to establish a left hip condition causally related to the accepted May 30, 2019 employment incident.

FACTUAL HISTORY

On July 24, 2019 appellant, then a 56-year-old foodservice worker, filed a traumatic injury claim (Form CA-1) alleging that on May 30, 2019 he injured his left hip when he tripped and stumbled to catch his balance while in the performance of duty. He noted that this was a recurring injury to his left hip. Appellant stopped work on June 6, 2019.

In an August 2, 2019 development letter, OWCP informed appellant that it had not received any evidence in support of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 30 days to respond.

In an emergency room note dated June 2, 2019, Dr. Peter Gentry, a Board-certified emergency medicine specialist, recounted a history of a recent gradual onset of left hip pain over the last several weeks. He also indicated that his left hip pain had increased two days prior when he tripped, but did not fall. Dr. Gentry performed a physical examination which revealed tenderness to palpation and pain with range of motion. He referred appellant for x-rays of the left hip, which revealed evidence of loosening of the prosthesis, possibly secondary to small particle disease or infection. Dr. Gentry noted that he did not observe any evidence of fracture or dislocation. He ordered a three-phase bone scan and an orthopedic consultation.

In a medical report dated June 2, 2019, Dr. John E. Semon, a Board-certified orthopedic surgeon, noted that appellant had undergone a left hip total arthroplasty 16 years prior and for the past two years had experienced progressively worsening pain in his left hip. He performed a physical examination, reviewed x-rays, and diagnosed pain and a loose acetabular cup and femoral component of the left total hip construct. Dr. Semon recommended that appellant undergo a revision left hip replacement and noted that appellant indicated that he would consult with Dr. Christopher Sanchez, a Board-certified orthopedic surgeon, regarding proceeding with surgery.

Appellant, in an August 12, 2019 response to OWCP's development questionnaire, noted that on May 30, 2019 he tripped over the leg of a chair and stumbled, nearly hitting the ground, which jarred his left hip and lower back. He indicated that he felt a ripping sensation in his left hip along with severe pain immediately after the incident and that he attempted to consult his primary physician, but the appointment was canceled. Appellant further related that after his 2003 hip replacement, he was able to ambulate independently until the May 30, 2019 incident.

In a voluntary witness statement dated August 15, 2019, appellant's coworker, A.B., indicated that he observed appellant trip over the leg of a table or chair and that he appeared to be in severe pain.

In a September 5, 2019 note, Dr. Semon indicated that appellant had been unable to work since June 6, 2019 and should remain off work until after he underwent revision left hip replacement surgery.

By decision dated September 9, 2019, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish that his left hip condition was causally related to the accepted May 30, 2019 employment incident.

On November 13, 2019 appellant requested reconsideration of OWCP's September 9, 2019 decision.

In support of his request, appellant submitted a September 3, 2019 medical report by Dr. Sanchez, who indicated that appellant reported consistent left hip pain for the last several years, which he tolerated until a recent fall at work. He performed a physical examination and ordered x-rays, which revealed a well-positioned prosthesis with significant osteolysis on the back side of the acetabular shell and stress shielding of the femoral component with significant metaphyseal bone loss to the level of the lesser trochanter. Dr. Sanchez diagnosed a failed and loosened left hip arthroplasty and recommended that appellant undergo revision left hip total replacement.

By decision dated November 29, 2019, OWCP denied modification of its September 9, 2019 decision.

On October 5, 2020 appellant, through counsel, requested reconsideration of OWCP's September 9, 2019 decision.

In support of the request, appellant submitted a September 28, 2020 narrative letter by Dr. Sanchez, who diagnosed a failed total hip arthroplasty of the left hip secondary to loosening of the prosthesis. He indicated that he had performed a revision total hip arthroplasty and that during surgery, he found significant osteolysis on the backside of the acetabular component which was consistent with an intraoperative finding of an improperly placed screw within the acetabular shell. Dr. Sanchez found that wear from the interface of the screw and the acetabular liner caused significant debris, which led to osteolysis. He opined that it was more probable than not that the May 30, 2019 incident caused appellant's acute left hip pain, because he had reported minimal pain prior to that date. Dr. Sanchez explained that he may have suffered from complete failure of the left total hip absent the May 30, 2019 incident, but that the incident was "the straw that broke the camel's back" leading to an abrupt failure of his left total hip replacement.

OWCP also received a November 20, 2020 letter of controversion from the employing establishment, which asserted that the medical evidence did not support causal relationship.

By decision dated December 17, 2020, OWCP denied modification of its November 29, 2019 decision.

On April 19, 2021 appellant, through counsel, requested reconsideration of OWCP's December 17, 2020 decision. In support of the request, he submitted a statement dated March 16, 2021 recounting that he injured his left hip and low back on May 30, 2019 when he tripped on the leg of a chair and began to fall, but was able to catch himself.

By decision dated July 12, 2021, OWCP denied modification of its December 17, 2020 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA,³ that the claim was timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty, as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.⁴ These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁵

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is that the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused a personal injury and can be established only by medical evidence.⁶

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁷ The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and specific employment factors identified by the employee.⁸

In a case in which a preexisting condition involving the same part of the body is present and the issue of causal relationship therefore involves aggravation, acceleration, or precipitation,

³ *K.R.*, Docket No. 20-0995 (issued January 29, 2021); *A.W.*, Docket No. 19-0327 (issued July 19, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *J.B.*, Docket No. 20-1566 (issued August 31, 2021); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁷ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.⁹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a left hip condition causally related to the accepted May 30, 2019 employment incident.

In his September 28, 2020 narrative report, Dr. Sanchez indicated that during a left hip revision surgery, he found significant osteolysis which was consistent with an improperly placed screw resulting in significant debris. He opined that it was more probable than not that the accepted May 30, 2019 employment incident caused appellant's acute left hip pain and abrupt failure of his left hip replacement. However, Dr. Sanchez did not explain a pathophysiological process of how the accepted employment incident caused or contributed to his left hip condition.¹⁰ The Board has held that a medical opinion that does not offer a medically sound and rationalized explanation by the physician of how the specific employment incident physiologically caused or aggravated the diagnosed conditions is of limited probative value.¹¹ Additionally, in any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the medical evidence must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹² For these reasons, Dr. Sanchez' September 28, 2020 report is insufficient to meet appellant's burden of proof.

In his September 3, 2019 report, Dr. Sanchez diagnosed a failed left hip arthroplasty. In their various reports, Dr. Gentry and Dr. Semon diagnosed loosening of the prosthesis. However, none of these reports contained an opinion as to the cause of this condition. The Board has held that a medical report that does not render an opinion on causal relationship is of no probative value and, thus, is insufficient to establish the claim.¹³ Therefore, these additional reports are also insufficient to meet appellant's burden of proof.

As appellant has not submitted rationalized medical evidence to establish a left hip condition causally related to the accepted May 30, 2019 employment incident, the Board finds that he has not met his burden of proof.

⁹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *J.L.*, Docket No. 20-0717 (issued October 15, 2020).

¹⁰ *J.D.*, Docket No. 19-1953 (issued January 11, 2021); *J.C.*, Docket No. 18-1474 (issued March 20, 2019); *M.M.*, Docket No. 15-0607 (issued May 15, 2015); *M.W.*, Docket No. 14-1664 (issued December 5, 2014).

¹¹ *J.B.*, Docket No. 21-0011 (issued April 20, 2021); *A.M.*, Docket No. 19-1394 (issued February 23, 2021).

¹² *R.W.*, Docket No. 19-0844 (issued May 29, 2020); *A.M.*, Docket No. 19-1138 (issued February 18, 2020); *A.J.*, Docket No. 18-1116 (issued January 23, 2019).

¹³ *T.D.*, Docket No. 19-1779 (issued March 9, 2021).

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a left hip condition causally related to the accepted May 30, 2019 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the July 12, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 26, 2022
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board